

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/5648

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1	1	
3			1		1	
4				1		
5			1		1	
6						
7				1		1
8						
9				1		1
10				1		1
11				1		1
12				1	1	
13						
14						
15				1		1
16				1		1
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18				1		1
19				1		1
20				1		1
21				1		1
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23				1		1
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26			1		1	
27			1		1	
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29						
30			1			
31				1		
32				1		
33				1		
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39				1		
40				1		
41				1		
42						
43				1		
44				1		
45				1		
46				1		
47						
48						
49				1		
50				1		
TOTAL IND.		↓		↓	6	↓
TOTAL DEP.		←		←	14	←
TOTAL CLAIMS					20	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				1		
53						
54						
55						
56						
57				1		
58				1		
59				1		
60				1		
61				1		
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						